REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	*Attorney Docket No.*	P55057RE
Assistant Commissioner for Patents	*First Named Inventor*	YEO-CHANG YOON
Box: Patent Application	*Original Patent Number*	6,141,627
Washington, DC 20231	*Original Patent Issue Date (Month/Day/Year)*	October 31, 2000
	Express Mail Label No.	

1. ■ APPLICATION FOR REISSUE OF: *(check applicable box)*   ■ *Utility Patent*   ❏ *Design Patent*   ❏ *Plant Patent*

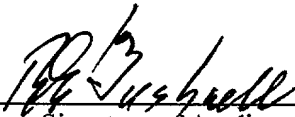| APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. ■ Fee Transmittal Form (PTO/SB/56) *(Submit an original, and a duplicate for fee processing)* 2. ❏ Applicant claims small entity status. See 37 CFR 1.27. 3. ■ Specification and Claims in double column copy of patent *(amended, if appropriate)* 4. ■ Drawing(s) *(proposed amendments, if appropriate)* 5. ■ Reissue Oath/Declaration **(executed)** *(37 C.F.R. §1.175) (PTO/SB/51 or 52)* 6. ■ Original U.S. Patent currently assigned? ■ Yes ❏ No *(If Yes, check applicable box(es))* ■ Written Consent of all Assignees *(PTO/SB/53)* **-combined in Declaration** ■ 37 C.F.R. §3.73(b) Statement ■ Power of Attorney *(PTO/SB/96)* **-combined in Declaration**	7. ■ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). **-combined in Declaration** 8. ■ Original U.S. patent for surrender ❏ Ribboned Original Patent Grant ■ Statement of Loss (PTO/SB/55)- **-combined in Declaration** 9. ❏ Foreign Priority Claim *(35 U.S.C. 119) (If applicable)* 10. ■ Information Disclosure Statement (IDS)PTO-1449 ■ Copies of IDS Citations 11. ❏ English Translation of Reissue Oath/Declaration *(If applicable)* 12. ■ Preliminary Amendment 13. ■ Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)* 14. ■ Other: Reissue Application Fee Transmittal Form Check #40782 for $2,666.00

15. CORRESPONDENCE ADDRESS

■ *Customer Number or Bar Code Label*	008-439 *(Insert Customer No. Or Attach bar code label here)*	*or* ■ *Correspondence address below*			
Name	**ROBERT E. BUSHNELL and Law Firm**				
Address	1522 K Street, N.W., Suite 300				
City	Washington	*State*	D.C.	*Zip Code*	20005-1202
Country	U.S.A.	*Telephone*	(202) 408-9040	*Fax*	(202) 289-7100

NAME (Print/Type)	Robert E. Bushnell	*Registration No. (Attorney/Agent)*	27,774
Signature	*[signature]*	*Date*	20 December 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.

REB/kf

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

P5₤057RE

Claims as Filed - Part 1

Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 57	**** 37 =	×$ ___ =		or	×$ 18 =	666.00
(C) 3	Independent Claims (37 CFR 1.16 (i))	(D) 18	* 15 =	×$ ___ =			×$ 84 =	1,260.00

Basic Fee (37 CFR 1.16(h)) $___	OR	$ 740.00
Total Filing Fee $		$ 2,666.00

Claims as Filed - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	×$ ___ =		or ×$ ___ =	
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×$ ___ =		×$ ___ =	

Total Additional Fee $	OR	$	

* If the entity in (D) is less than the entity in (C), Write "0" in column 3.
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
*** After any cancellation of claims.
**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

■ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4943.

■ A check (#40782) in the amount of $ 2,666.00 to cover the filing/additional fee is enclosed.

20 December 2001	_Signature of Applicant, Attorney or Agent of Record_
Date	
	Robert E. Bushnell
	Typed or printed name

ɟ1131 U.S. PTO

12/20/01

FEE TRANSMITTAL

Patent fees are subject to annual revision.

Complete If Known

Original Patent No.	6,141,627 (31 October 2000)
Filing Date	20 December 2001
First Named Inventor	Yeo-Chang YOON
Examiner Name	*to be assigned*
Group/Art Unit	*to be assigned*

TOTAL AMOUNT OF PAYMENT	($) 2,666.00	Attorney Docket No.	P55057RE

METHOD OF PAYMENT (check one)

1.☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: **02-4943**
Deposit Account Number: _____

☐ Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.

☐ Applicant claims small entity status. See 37 CFR 1.27

2.■ Payment Enclosed:
(CHECK #40782)
■ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			
Fee Code	Fee ($)	Fee Code	Fee ($)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	$
106	330	206	165	Design filing fee	$
107	510	207	255	Plant filing fee	$
108	740	208	370	Reissue filing fee	$740.00
114	160	214	80	Provisional filing fee	$

SUBTOTAL (1)   ($) 740.00

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below		Fee Paid
Total claims	57	-20** = 37	x 18 =	666.00
Independent Claims	18	- 3** = 15	x 84 =	1260.00
Multiple Dependent			=	

** or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		
Fee Code	Fee ($)	Fee Code	Fee ($)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)   ($) 1,926.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity			
Fee Code	Fee ($)	Fee Code	Fee ($)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	$
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	$
139	130	139	130	Non-English specification	$
147	2,520	147	2,520	For fling a request for reexamination	$
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	$
113	1,840 *	113	1,840*	Requesting publication of SIR after Examiner action	$
115	110	215	55	Extension for reply within first month	$
116	400	216	200	Extension for reply within second month	$
117	920	217	460	Extension for reply within third month	$
118	1,440	218	720	Extension for reply within fourth month	$
128	1,960	228	950	Extension for reply within fifth month	$
119	320	219	160	Notice of Appeal	$
120	320	220	160	Filing a brief in support of an appeal	$
121	280	221	140	Request for oral hearing	$
138	1,510	138	1,510	Petition to institute a public use proceeding	$
140	110	240	55	Petition to revive - unavoidable	$
141	1,280	241	640	Petition to revive - unintentional	$
142	1,280	242	640	Utility issue fee (or reissue)	$
143	460	243	230	Design issue fee	$
144	620	244	310	Plant issue fee	$
122	130	122	130	Petitions to the Commissioner	$
123	50	123	50	Processing fee for provisional applications	$
126	180	126	180	Submission of Information Disclosure Statement	$
581	40	581	40	Recording each patent assignment per property (Times number of properties)	$
146	740	246	370	Filing a submission after final rejection (37 C.F.R. §1.129(a))	$
149	740	249	370	For each additional invention to be examined (37 C.F.R. §1.129(b))	$

Other Fee (specify) _____ $

Other Fee (specify) _____ $

** Reduced by Basic Filing Fee Paid

SUBTOTAL (3) $.00

SUBMITTED BY

Typed or Printed Name	Robert E. Bushnell, Esq.
Signature	*[signature]*	Date	20 December 2001

Complete (if applicable)

Reg. Number	27,774
Deposit Account User ID	

REB/kf